

**Employer Verification of Terminated Employees**  
(Wisconsin)

This notice refers to employees recently terminated and still within their 30 day elections period for COBRA in which a completed Enrollment Application Form cannot be obtained.

Whenever employees or dependents have recently terminated their coverage, there is a 30-day corridor provided under COBRA that allows these individuals to retroactively elect to keep coverage under the group plan. This 30-day corridor begins on the date the individual is notified of their right to continue coverage.

Employee applications will be subject to medical review for those employees who are in the 30-day corridor and decide to continue under COBRA after the final enrollment. Because this poses a potential liability for HealthPartners, we retain the right to reevaluate the group retroactively if one of the terminated individuals elects continuation. ***This evaluation may result in revised rates for your health plan.***

Your signature at the bottom of this form signifies your understanding and acceptance of this position.

Please list below the names and social security numbers of all employees whose termination falls into this 30-day corridor. If you have questions about this information, please contact your Broker or the HealthPartners Sales Executive.

<u>Name</u>	<u>Social Security#</u>	<u>Notification Date</u> (Please attach a copy of the notification letter)
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Signed \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_